

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS**

In re: Gina Fama

Petition No. 2003-0507-000-037

PRELICENSURE CONSENT ORDER

WHEREAS, Gina Fama of Vermont (hereinafter "respondent") has applied for a license to practice as a Respiratory Care Practitioner issued by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 381a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice as a Respiratory Care Practitioner under the General Statutes of Connecticut, Chapter 381a.
2. Pursuant to a Memorandum of Decision dated April 26, 1995, respondent was placed on the Connecticut Nurse Aide Registry with a finding of resident abuse.
3. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of her application for licensure.
2. After satisfying the requirements for a license as a Respiratory Care Practitioner as set forth in Chapter 381a of the General Statutes of Connecticut, respondent's license as a Respiratory Care Practitioner will be issued.

3. Respondent's license as a Respiratory Care Practitioner in the State of Connecticut shall, immediately upon issuance, be placed on probation for one (1) year under the following terms and conditions:
 - a. Respondent shall provide her employer at each place where she practices as a Respiratory Care Practitioner throughout the probationary period with a copy of this Prelicensure Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide monthly reports from such employer for the entire duration of probation stating that she is practicing with reasonable skill and safety.

Respondent shall not be employed at a chronic and convalescent nursing home and/or rest home with nursing supervision for the period of her probation.
4. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
5. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
7. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's Respiratory Care Practitioner license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescission of the license shall be sent by the Department to respondent's address of record.

Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

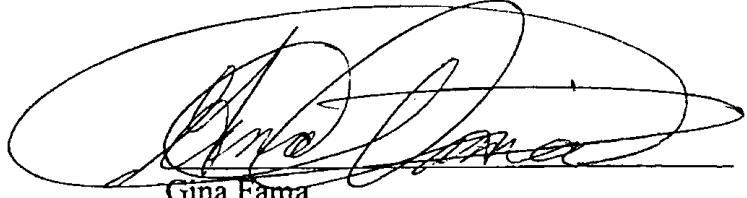
8. Correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, Connecticut 06134-0308

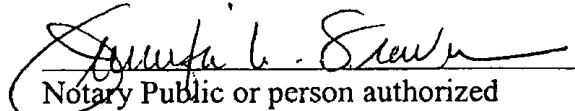
9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
10. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Department in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-162p of the Connecticut General Statutes, as amended, is at issue.
11. This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
12. This Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

13. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. Respondent understands this Prelicensure Consent Order is a matter of public record.
15. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

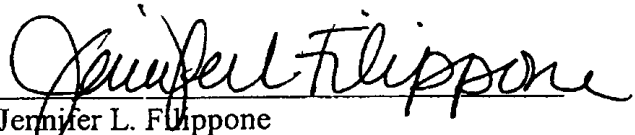
I, Gina Fama, have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

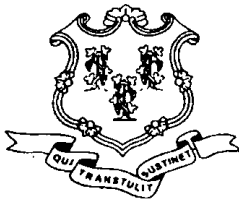

Gina Fama

Subscribed and sworn to before me this 22nd day of June ~~2003~~ 2003


Notary Public or person authorized
by law to administer an oath or
affirmation

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 29th day of June 2004, it is hereby ordered and accepted.


Jennifer L. Filippone
Public Health Services Manager
Office of Practitioner Licensing and Certification
Bureau of Healthcare Systems



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

June 30, 2004

Gina L. Fama
2 Olde Orchard Park #243
South Burlington, VT 05403

Dear Ms. Fama:

This is to advise you that you have completed all requirements for Connecticut respiratory care practitioner licensure. License number 002080 has been issued effective the date of this letter.

Your license is being issued in accordance with the terms of the Prelicensure Consent Order executed on June 29, 2004. The one year period of probation stipulated in the Order commences effective the date of this letter.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure to renew your license in a timely manner each year in the month of your birth.

It is your responsibility to notify the Department of Public Health, in writing, of any future changes of name and/or address. Such notification to the Department is required by law and failure to provide same will jeopardize the status of your license.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Stephen B. Carragher
Health Program Supervisor
Office of Practitioner Licensing and Certification

cc: /Jennifer Filippone, Public Health Services Manager
Bonnie Pinkerton, RN, Nurse Consultant
Stanley Peck, Director, Legal Office
Donna Brewer, Director, Public Health Hearing Office

SBC/jc
Petition Number 2003-0507-000-037



Phone:

Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

July 26, 2005

Gina L. Fama, RCP
2 Olde Orchard Park, #243
South Burlington, VT 05403

Re: Prelicensure Consent Order
Petition No. 2003-0507-000-037
License No. 002080

Dear Ms. Fama:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective July 1, 2005.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Prelicensure Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Respectfully,

A handwritten signature in cursive script, appearing to read "Olive Tronchin".

Olive Tronchin, HPA
Office of Practitioner Licensing and Investigation

cc: Jennifer Fillippone



Phone: (860) 509-7400
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